

AC. 44451

WEST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
of the
Principal School Medical Officer
for the
YEAR 1965

D. A. McCracken, M.D., D.P.H.
Principal School Medical Officer

**WEST SUFFOLK COUNTY COUNCIL
EDUCATION COMMITTEE**

Telephone No:
Bury St. Edmunds 2281



Westgate House,
Bury St. Edmunds.

To the Chairman and Members of the Education Committee:

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my report on the work of the School Health Service for the year 1965.

The children in attendance at the Council's schools were generally of good physique and free from physical defects not already under treatment.

The following-up of "handicapped" children continued to be one of the most important duties of the school medical officers. Throughout the year their efforts were concentrated more on "selective" examinations and on the prompt consideration of cases referred to them by teachers etc. than on the routine examination of all the children of any particular age group. They visited all the schools at least twice during the year.

An important step forward was taken with the opening of a special unit, attached to Sexton's Manor Primary School in Bury St. Edmunds, for young children whose hearing was so seriously defective that they could not be adequately catered for at ordinary primary schools. Further particulars of this unit are given in the body of the report.

It is disappointing that there is still no information as to when the Water Boards will be able to implement the decision of the County Council to accept the principle of adjusting the fluorine content of the public water supplies to diminish the incidence of dental caries.

As forecast in my last Annual Report, and in accordance with the recommendation of the Cohen Report, 1964, a Health Educator was appointed to the staff of the Local Health Authority on September 1st, 1965. It is anticipated that much of her work will be directed towards school children and young persons. She spent most of her time during the remainder of the year making contact with head teachers, youth leaders etc. The object of Health Education is to give the child a broad outline and understanding of the workings of the human mind and body, the principles of good nutrition and the need for exercise, an appropriate knowledge of preventive and social medicine, and a sense of personal responsibility for his own, his family's and the community's well being. The Cohen Committee considered that children with such knowledge were better equipped to face the social as well as the health problems of adolescence and adult life.

I acknowledge with thanks the co-operation of my colleagues in the educational and medical fields, the helpful understanding of the Chairman and members of the School Welfare Sub-Committee and the loyal support of the staff of the Department.

I have the honour to be,
Your obedient Servant,

DAVID ANDREW McCracken

Principal School Medical Officer.

29th July, 1965.

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer	D. A. McCracken, M.D., D.P.H.
Deputy Principal School Medical Officer	A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.
Senior Medical Officer	J. L. Evans, M.R.C.S., L.R.C.P., M.B., B.S., D.(Obst.)R.C.O.G., D.P.H. (to 20.6.65) A. M. Lush, M.R.C.S., L.R.C.P., D.C.H., D.(Obst.)R.C.O.G., D.P.H. (from 1.9.65)
School Medical Officers	P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H. E. Kinnear, M.B., Ch.B., D.P.H. A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. L. B. Gonzalez, M.B., Ch.B., D.P.H.
Principal School Dental Officer	S. H. Pollard, L.D.S.
Dental Officers	J. Dewar, L.D.S. (part-time) Col. E. Ferguson, M.B.E., L.D.S. Mrs. S. Tribe, B.D.S., L.D.S.
Superintendent School Nurse/Health Visitor	Mrs. M. P. Williams, S.R.N., S.C.M., H.V.Cert.
School Nurses, etc. (as on 31.12.65)	19 School Nurse/Health Visitors (one part-time) and four dental surgery assistants (one part-time).
Speech Therapists	Miss B. M. Elton, L.C.S.T. Mrs. V. Pickering, L.C.S.T. (to 31.3.65)

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

The county of West Suffolk has an area of 390,916 acres. The estimated population at mid-1965 was 143,340. There are no county boroughs within the county.

At the beginning of the year there were 19,410 children on the rolls of the schools. Some were Americans whose fathers were serving in the United States Air Force Stations in West Suffolk.

At the end of 1965 there were 120 schools in the county, five being secondary grammar schools (including one bilateral school), 12 secondary modern schools and 103 primary schools.

The school medical officers visited all the schools at least twice, and some of them several times, during the year. Headmasters were asked whether there were any children at their school who, they considered, should be seen by the school medical officer. General matters affecting the health of the school as a whole were discussed. Handicapped children and other "special" cases were reviewed.

Unfortunately, the medical officer who does most of the medical work at the schools was on sick leave for six months. During this time other medical officers visited all the schools he normally visits to ensure that all urgent matters were receiving attention and to see special cases.

After his return, priority continued to be given to children referred for special consideration and to the following-up of handicapped children, and of others due for re-inspection. Routine examination of the "entrant" group i.e. those just starting their school life, was carried out in the two areas of the county into which relatively very large numbers of children were moving, mainly from London under the Town Expansion Scheme.

Rapidly Expanding Communities.

Last year I reported that much of the school medical officers' time had been spent in a rapidly expanding area. In 1965 there were two such areas and a third where expansion was just getting under way.

The birth rate for the first three years after the families arrived was exceptionally high. A relatively high proportion of the parents were very young or had had social difficulties before coming here. Many of the children had already been referred to Child Guidance Clinics although not all had been willing to attend or, having done so, to accept the advice offered. Several were handicapped in some other way e.g. educationally subnormal, deaf or physically handicapped. Although most of them were delighted with their new homes and surroundings they found the expense of heating and furnishing their increased accommodation an anxiety. During their first few years here they need the help which can be given by social workers, health visitors, school nurses etc. Fortunately it has been possible to station several members of our staff in or near an "expanding town". This has been possible because housing has been made available by the District Council concerned. It is hoped to increase our staff in another expansion area during 1966. Since the families continue to increase after they arrive in this county they will probably need support for longer than was at first expected. As far as can be judged, however, the newcomers are, in the main, becoming integrated with those whose families have lived in Suffolk for generations.

"Entrants" - Routine Examination.

As a result of this year's experience the school medical officers question very much whether the routine examination of all "entrants" should be attempted in future. A trial of some form of selection for this age group might prove profitable. Great efforts are made with the co-operation of the midwives, general medical practitioners and hospital specialists to get to know all "handicapped" children and others who may possibly require special education or other help to fit them for life. The medical officers review these children, as necessary, during their pre-school as well as their school years. Every effort is made to keep trace of their whereabouts and put the receiving authority in touch with them when they move. A high proportion of these children are suffering from congenital defects which are noticed at birth. They are made known to the Health and Welfare Department, and therefore to the School Health Service, by the birth notification cards. We expect to hear of any "handicap" acquired later, as the result of accident or disease, whilst the patient is still under medical treatment.

Whilst there may still be a case for routine inspection of the "entrants" at some schools and in some circumstances, it is felt that this is by no means universal. In addition to the consideration of the "handicapped" child, the school medical officers have many and varied duties which change in nature and importance as circumstances alter; their time should not be spent on any work which may be no longer necessary. An experienced and suitably qualified medical officer who remains in the area for several years is essential for the proper working of the School Health Service. In this field, at least, quantity is no substitute for quality.

"Leavers" - Routine and Selective Examinations.

As mentioned in my Report for 1964 the "selective" method of "leaver" examination was in use at some of the secondary schools. The number of these schools was increased during 1965 and so far no case has come to light in which it would appear that a pupil has suffered as the result of not being one of those "selected" for full examination. "Handicapped" pupils and other "special" cases are reviewed each year until they leave school. Thereafter, when further follow-up is desirable, it is carried out by the appropriate member of the staff of the Health and Welfare Department of which for practical purposes the School Health Service is a part.

Vision Testing - Acuity and Colour.

The vision of all entrants was tested during their first year at school. The "E" card was frequently found useful provided the nurse who did the testing realised its limitations. Routine testing was also carried out during the years in which the children had their ninth, eleventh and fourteenth birthdays.

Ishihara tests were used to test the colour vision of pupils who had their fourteenth birthdays during 1965. An appreciable number of boys, 7%, failed the tests to a greater or lesser degree. They were advised to make sure that their ability to distinguish colours was sufficiently good for them to be acceptable in the work which they wished to do. Some boys who were not able to pass the Ishihara tests were found to have no difficulty in distinguishing between the various coloured wires used in electrical work. In only two cases were girls found to have difficulty in passing the test and they were aware that they were "not good" at matching some shades of some colours. In view of these findings it has been decided not to test girls as a matter of routine in future; it is felt that the time taken could be more profitably used in other ways. The testing of the boys will be continued.

It is pleasing to note that as usual very few cases were found of children with untreated defective vision. In a high proportion of those that were found the defect was confined to one eye. In this county it is in detecting these cases that the main value of the testing probably lies. It is considered that the reason why so few children are found with untreated defective vision is that, ever since 1948, the Regional Hospital Board has held Eye Clinics at the hospitals in the area. Medical practitioners can refer to these clinics any child who is suspected of having defective vision and there he can be treated without delay. In Haverhill, the only place where there is no hospital near at hand, an ophthalmologist from Addenbrooke's Hospital holds regular clinics in the town and sees children referred to him under the Supplementary Ophthalmic Service. Teachers and parents, other than newcomers, know that wherever defective vision is suspected parents should consult the family doctor with a view to the child being referred, if necessary, to one of these clinics. Liaison between the staff of the eye clinics and the local authority's medical officers is very good. Such co-operation is particularly valuable when modification of the school curriculum or admission to a special school needs to be discussed. When carrying out vision tests and when visiting the schools for other purposes, medical officers and school nurses stress the fact that no child should wait for either the doctor or the nurse to visit the school if there is any reason to think that the child's vision is defective, but should see the family doctor without delay.

Hearing Tests.

Owing to staff illness, hearing tests were not carried out as a routine on all "entrants" during the year. Whenever a teacher or medical officer had any reason to think that a child might have defective hearing he was tested or retested with an audiometer without delay, special attention being paid to those in "slow learner" classes. The speech therapist tested as a routine all children under her care and referred them to a medical officer for further tests if not satisfied. It is felt that although audiometers are very useful instruments, their use can be misleading, particularly where untrained or semi-trained personnel are concerned and where there are extraneous noises. Even when these are not obvious it has been found that the "normal" base line may be 20 decibels above the usual, as occurred from time to time at one school which is near a factory from which comes a continuous, but hardly appreciable, humming sound. Increased experience of the results of the testing of "entrants" as a routine has increased the doubts previously expressed by medical officers as to the value of this procedure. It must not be forgotten that the testing, and the retesting of the high proportion of "entrants" who fail their first and even their second test, cannot be carried out without the expenditure of considerable time and effort. The experienced and interested teacher is invaluable in bringing to the notice of the school medical officer the child about whom "something is not right" even though she is not sure whether the child has poor sight, is hard of hearing, is dull, or, most difficult of all, is suffering from a combination of the last two defects.

Speech Therapy.

One of the two whole-time speech therapists working in the county left at the end of March to go to Australia. It has not been possible to fill the vacancy.

The remaining therapist covered the northern part of the county but after September 1965 paid occasional visits to the southern half, mainly to Sudbury and Haverhill.

To avoid wasting her time, new cases, especially pre-school children and those of low mentality, were screened by medical officers. Several children who spoke badly on first entering school were not immediately referred to the therapist but were kept under observation for a term or so and not referred for treatment if they made satisfactory progress without it.

The main difficulty would appear to be not so much the number of children who need treatment as the fact that it is not practical for them to attend clinics at, say, five main centres in the county. Much of the therapist's time is therefore taken up in travelling between widely scattered schools. During the year 37 cases were taken on for treatment and 68 were discharged. At the end of the year 176 children were under treatment or observation.

Verminous Children.

As mentioned in last year's Report, it is left to the school nurses' discretion as to how often they carry out routine inspections at schools where the children are invariably "clean". The nurses visit at once if they or the head teachers suspect that the hygienic condition of any of the children needs attention.

In 1965 the nurses carried out 10,438 hygiene inspections and found 138 individual children verminous. They got in touch with the parents of all the children found to have live vermin or nits, giving them printed directions for cleansing and where necessary, an emulsion. Small-tooth combs were lent or sold to parents requiring them. The children were excluded from school when this was thought desirable and, in any case, they were followed-up by the nurses until free from infestation.

Vaccination Against Tuberculosis.

Heaf testing and B.C.G. vaccination, where necessary, was offered to all pupils in the year of their fourteenth birthday or older, at all schools in West Suffolk including direct grant and private schools.

As forecast in the Annual Report for 1964 and in accordance with the advice given by the Ministry of Health, x-ray of Heaf positive reactors was confined, as a rule, to those who showed a certain degree of severity (Heaf 3 and 4) in their reaction.

The following table shows the number of pupils tested in each age group during the year and the number and percentage of positive reactors. This shows no significant change from the trend shown by the findings in previous years. Those who were born in the years before 1950 were not a random sample of their age groups and in any case the numbers in these groups are too small to have any significance. All the negative reactors, except one, were vaccinated. No case of active tuberculosis was detected as an incidental result of these proceedings.

Year of birth	Number tested	Positive reactors	Percentage of positive reactors
1947	3	0	0.00
1948	8	0	0.00
1949	23	0	0.00
1950	129	11	8.53
1951	753	51	6.77
TOTAL	916	62	6.77

HANDICAPPED PUPILS

The following table shows the number of handicapped pupils at, or awaiting vacancies at, special schools or hostels at the end of the year:-

	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Subnormal	Epileptic	Speech Defects	TOTAL
At special schools or hostels	3	-	12	2	5	2	12	22	3	-	61
At independent schools	-	-	1	-	-	-	9	4	-	-	14
Awaiting admission to special schools or hostels	-	-	1	-	-	-	3	1	-	-	5
TOTAL	3	-	14	2	5	2	24	27	3	-	80

There are as yet no special schools in this county and all the children included in the above table, except for two physically handicapped children, were at residential special schools outside the county. Two attended a day special school in Cambridge.

Deaf and Partially Hearing Children.

In addition to the children at special schools, one child who lives just on the West Suffolk side of the border with Cambridgeshire attended a special unit for deaf children attached to an ordinary primary school in Cambridge.

The Health and Welfare Committee continued to send for training in the detection of deafness in infancy, those health visitors/school nurses who had not already attended such training courses. Where there is any doubt whether a child has normal hearing the health visitor refers the child to the family doctor and if he is not satisfied that the hearing is normal, he arranges for a child to be seen by an Ear, Nose and Throat Surgeon. In this way it is hoped that all deaf children will have been diagnosed as such before the end of their first year, or failing this at any rate before they are two.

The Education Department's peripatetic teacher of the "deaf and partially hearing" continued throughout the year to visit the children aged from six months to five years who were deaf or suspected to be deaf and who were in need of auditory training and parental guidance. At the end of the year there were six such children in the county. Unfortunately their homes were widely scattered and to visit each at least once a week meant that much of the peripatetic teacher's time was spent in travelling and not in teaching. In the case of the very young children however, it is felt that it would be equally unsatisfactory, if not more so, to try to bring them to a centre.

There were a few children in the county aged nearly five to nine years who could not be properly educated at ordinary schools and who needed special education for some hours each day. None of these children had naturally acquired speech. They also were widely scattered throughout the county. As from the beginning of the ^{summer} term 1965 arrangements were made for them to be brought to a special unit attached to an ordinary primary school, Sexton's Manor in Bury St. Edmunds. The peripatetic teacher spent the morning of every school day teaching in this special unit. During the afternoon the children joined the classes appropriate to their ages for handwork and physical education etc. Children were admitted to this unit on the recommendation of the Principal School Medical Officer after consultation with the assistant education officer dealing with special education and the peripatetic teacher of the deaf. No child was admitted who it was considered could be adequately taught in an ordinary school. All the primary

aged children throughout the county who were thought to require the special facilities of the unit were admitted except one whose parents refused to allow her to attend, contending that she had only a slight degree of deafness which did not interfere with her progress at an ordinary school. Although it was felt that this child's educational progress would have been better for a period in the special unit, it was decided to take no steps to force her attendance. The number of children being taught in the unit varied between two and four during the year. At the end of the year it was decided that one, nearly six years old, who had been admitted for a trial, should be transferred to a special school for the deaf as it was felt that he would make better educational progress by this means. His parents very much regretted this as it meant his going away to a residential school but agreed to accept the advice.

The progress of each child is discussed at a meeting held termly at the school and attended by the headmaster, the peripatetic teacher of the deaf, the assistant education officer dealing with special education and the school medical officer connected with the unit. The opportunity is taken to review the cases of other deaf children in the county and to consider whether any of them should be admitted to the unit. Since there has been a peripatetic teacher for the deaf it has not been considered necessary to send any child under the age of five to a residential school. This is a very desirable state of affairs and is certainly one which is greatly appreciated by the parents.

At the end of the year, 14 children attending ordinary primary or secondary schools were wearing hearing aids. There were also two children with a moderate degree of deafness whose parents refused to allow them to wear hearing aids and who contended that the deafness was not sufficient to prevent them from being adequately educated without hearing aids. The educational progress of the children with hearing aids and their use of them is supervised by the peripatetic teacher of the deaf.

The school medical officers, who are also medical officers on the staff of the Health and Welfare Department of this Authority, have been agreeably surprised to find how well some children with moderately impaired hearing have fitted into employment and into the general life of the community. These were for the most part, of slightly less than normal intelligence; they earned a full wage usually in simple factory employment and often in somewhat noisy surroundings; they were able to hear the raised voices of their companions and did not appear to be missing much, if any, of the life led by these companions. Those met with were making as good wives and mothers as otherwise similar persons with normal hearing. In a few cases, however, it was just these mothers who were little concerned about a similar defect in their offspring. They contended that the doctors and teachers were making a fuss about nothing and that their child was "all right". It is stressed that no adequate follow-up has been carried out so far and that the above remarks are merely impressions. Now that a high proportion of the population of Suffolk, as elsewhere, moves at least once and often many times, much work is entailed in attempting to carry out an adequate follow-up of deaf children. To confine it to those who have lived in West Suffolk both in childhood and adult life might well be misleading. However, it is hoped to do this during 1966 although it must be realised that it will be of only limited value.

Physically Handicapped Children.

In addition to the children at special schools, some 20 with various disabilities were adequately catered for at ordinary schools and one was taught at home. He was a boy nearing school-leaving age who lived in the area only temporarily.

In my last Annual Report I commented on the fact that now that the secondary modern schools were becoming larger and multi-storeyed and the curriculum more complex, greater difficulty was being experienced in fitting into them some children with physical disabilities or combinations of disabilities, who could quite well have been accommodated at schools a few years ago. There were signs that this was extending to some of the larger primary schools. It was felt that many of these children found less difficulty in obtaining employment and fitting into adult life if they had learned to live with their handicap within the ordinary schools. It appeared, therefore,

for this, among other reasons, that they should not be sent to residential special schools if this could be avoided. It seemed unlikely that the need was sufficient to justify the setting up of a day special school in the centre of this county. As the school population rises the problem is increasing but the numbers involved are still very small and the individuals far apart. It may be that special units attached to two or more ordinary schools in the county might be a feasible way of dealing with the matter. A unit attached to a school where most of the basic subjects can be taught in ground floor classrooms is envisaged; one where a room with suitable washing and W.C. accommodation can be set aside for the use of these children and where a suitable attendant is always available to meet their needs. She might be responsible for supervising the occupations of these children whilst their more fortunate companions are employed in educational proceedings which the handicapped cannot share.

Maladjusted Children.

One hundred and sixth-four children were known to have been treated at the Family Psychiatry Clinics provided in West Suffolk by the Regional Hospital Board. The good liaison achieved with the staff at these clinics has continued. It is not uncommon for children who behave normally at school to be referred to these clinics because unsatisfactory behaviour and other very real difficulties are being encountered in the home. A high proportion of these cases come from materially good homes but often one or other parent is "maladjusted". Partial separation from the home may be recommended but the child may not be considered "really maladjusted", that is, he is not considered to need the very special conditions and highly qualified staff which are necessary at a special school or hostel for "maladjusted" children and which make such places so expensive to run and difficult to staff. The more appropriate solution in some of these cases would appear to be for the child to go to a carefully selected ordinary boarding school. It seems that both the Education Committee and the Children's Committee are concerned with such children. An increasing number of them are being brought first to the notice of the child care officers in their preventive work.

Overlapping by officials from various departments is to a certain extent being avoided by senior officers of the departments concerned discussing with one another which of the Council's staff, or occasionally of the probation service or of a voluntary body, is best qualified to visit the home in each particular case. It is interesting that in more and more cases lately the most suitable officer seems to be one of the child care officers. It is not so easy, however, in some instances to surmount the difficulty of deciding whether the child should go to a residential school or hostel at the expense of the Education Committee or to what may be a very similar establishment under the auspices of the Children's Committee, or whether he should remain in his own home.

Whilst some misbehaving children are above average intelligence some are well below average. Some schools are designated as taking pupils who are both "educationally subnormal" and "maladjusted" whilst others are designated as simply for "educationally subnormal". The dividing line between a boy who is classified as being merely "educationally subnormal" and one who is labelled "educationally subnormal and maladjusted" seems sometimes very indistinct and one suspects is occasionally dependent on where there is a suitable vacancy.

There is no doubt that having responsibility for both the School Health Service and the combined Health and Welfare Department of a local authority gives continuous knowledge of the same handicapped person from birth to old age which can be most valuable. The increasing movement of the population, however, does not make things easier. Written records even when they arrive without undue delay may be irrelevant in changed circumstances. It appears that severely physically handicapped persons tend to move less than the average and that mentally and/or socially handicapped persons tend to move more often.

Educationally Subnormal Children.

In addition to the educationally subnormal children attending special schools 693 were being taught in special classes for slow learners at certain ordinary schools at the end of the year.

Education in Hospitals.

Eighty-eight West Suffolk children were known to have received education in hospitals - 14 in Newmarket General Hospital, 48 in the West Suffolk General Hospital, Bury St. Edmunds, and 26 in hospitals outside the county. Most of the children were in hospital for relatively short periods.

Education at Home.

Ten children were taught at home during the year. They included seven suffering from physical disabilities and three whose mental state rendered them unfit for school.

MEDICAL AND DENTAL EXAMINATION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL

The doctors inspected children in the long-term care of the County Council and the dental officers inspected all aged three years and over. Special examinations were also carried out when asked for by the Children's Officer.

EXAMINATION OF ENTRANTS TO COURSES OF TRAINING IN TEACHING AND TO THE TEACHING PROFESSION

In accordance with Ministry of Education Circular 249, the school doctors examined 15 entrants to the teaching profession and 75 entrants to colleges of education. Some of the latter were to be employed as temporary teachers pending their admission to college.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

"I had hoped to be able to report a considerable improvement in the dental service in 1965, as a result of a full twelve months' work by the larger staff. Unfortunately, illness again caused some loss of working time and the numbers of children inspected and treated were both slightly lower than in the previous year.

Nevertheless, the number of attendances for treatment and the amount of treatment carried out both show an increase, the latter indicating a satisfactory improvement in the efficiency of the service.

Although there are still several schools which do not receive an annual visit for dental inspection, this number is gradually being reduced. If plans for the future materialise, it should be possible to cover the whole county in the not-too-distant future.

The importance of dental health education has not been overlooked. The Health Educator has been most helpful in ensuring that oral hygiene receives due emphasis in the normal school curriculum. She has also arranged for the best use to be made of the posters and similar material which are now available from a number of sources. The ready co-operation received from the teachers has been most gratifying.

The General Dental Council's mobile exhibition was taken to the Haverhill schools for one week as a trial. The children showed great interest (doubtless enhanced by the free distribution of apples) and the material provided enabled all age groups to learn the principles of dental health. It would be well worth while to use the exhibition again in other parts of the county."

S. H. POLLARD,
Principal School Dental Officer.

SCHOOL MEALS SERVICE

The Chief Education Officer has furnished the following report:-

"The proportion of children taking a midday meal continued at a high level during 1965/6, and the number of meals served reached over 13,000 per day during the Autumn Term.

The final unit cost for food for the financial year 1964/5 was 10.24d. as against the estimated cost of 10.60d.; for overheads the final figure was 15.08d. as against 15.57d. estimated.

The staffing of kitchens and dining centres continued to be a problem, particularly in the urban areas where employment generally is at a high level. The Service is largely staffed by married women and the rate of turnover continued to be very high indeed. Difficulties continued in filling the more responsible posts in the larger kitchens, and as stated last year suitable applicants with the experience and qualifications expected for such posts can command higher salaries and have better career prospects in other fields of catering.

Due to further wage increases and to increased prices, the estimated costs for the year 1965/6 were - food 11.65d.; overheads 16.48d.

New canteens opened at Sexton's Manor, Bury St. Edmunds; Great Cornard; Haverhill Place Farm and Walsham-le-Willows Schools; and new dining centres at Cavendish and Stoke-by-Clare Schools.

Meals continued to be supplied to the Junior Training Centres at Bury St. Edmunds and Sudbury."

STATISTICS

TABLE I

PERIODIC MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Age Groups Inspected (by years of birth)	No. of Pupils Inspected	Pupils found to require treatment, including those already under such treatment			No. of Pupils found not to warrant a full Medical Examination
		For defective vision (excluding squint)	For any of the conditions recorded in Table III	Total individual pupils	
1961 and later	0	0	0	0	0
1960	169	11	18	26	0
1959	150	3	11	13	0
1958	9	0	1	1	0
1957	4	0	0	0	0
1956	4	0	0	0	0
1955	2	0	0	0	0
1954	0	0	0	0	0
1953	0	0	0	0	0
1952	0	0	0	0	0
1951	168	10	7	17	) 496 out) of 498
1950 and earlier	326	33	14	47	
TOTAL	832	57	44	104	496*

* Of these 496, 69 were found to require treatment for defective vision including 67 who were already under such treatment.

TABLE II

OTHER INSPECTIONS

Number of Special Inspections	..	..	86
Number of Re-inspections	..	..	760
TOTAL	..	..	846

TABLE III

RETURN OF DEFECTS FOUND AT MEDICAL INSPECTION
(including defects already under treatment or observation)

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation only	Requiring treatment	Requiring observation only
Skin	8	1	0	0
Eyes Vision ..	57	22	6	0
Squint ..	5	3	0	0
Other ..	1	1	2	0
Ears Hearing ..	6	28	8	2
Otitis Media ..	0	0	0	0
Other ..	2	0	0	0
Nose and Throat	9	8	3	1
Speech	0	0	1	2
Lymphatic Glands ..	2	3	0	0
Heart	2	6	0	1
Lungs	3	5	0	0
Developmental -				
Hernia ..	3	0	0	0
Other ..	3	6	0	0
Orthopaedic -				
Posture ..	1	2	0	0
Feet ..	2	4	0	0
Other ..	8	3	1	1
Nervous system -				
Epilepsy ..	2	2	4	0
Other ..	0	0	0	1
Psychological -				
Development ..	0	2	4	1
Stability ..	0	3	1	0
Abdomen	0	2	0	0
Other	1	1	0	0

The 69 visual defects found in the 496 pupils included in Table I as not warranting a full medical examination, are not included in Table III above.

TABLE IV

AVERAGE HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN

Children Measured and Weighed	Year of Birth	Average Height Ft. Ins.		Average Weight Sts. Lb.	
16 Girls	1960	3	6	2	11
18 "	1959	3	9	3	$4\frac{3}{4}$
14 "	1958	3	11	3	$7\frac{1}{2}$
20 "	1957	4	1	3	$11\frac{1}{4}$
14 "	1956	4	$3\frac{1}{4}$	4	$5\frac{1}{2}$
7 "	1955	4	$5\frac{1}{2}$	4	$12\frac{1}{2}$
46 "	1954	4	$9\frac{1}{2}$	5	13
42 "	1953	4	$11\frac{1}{2}$	6	11
28 "	1952	5	$1\frac{1}{2}$	7	5
43 "	1951	5	2	7	$11\frac{1}{4}$
19 "	1950	5	$3\frac{1}{2}$	8	7
21 Boys	1960	3	6	2	$12\frac{1}{2}$
9 "	1959	3	$8\frac{1}{2}$	3	$1\frac{1}{2}$
24 "	1958	3	$11\frac{3}{4}$	3	9
14 "	1957	4	$1\frac{1}{4}$	3	12
17 "	1956	4	4	4	9
12 "	1955	4	$5\frac{3}{4}$	4	9
49 "	1954	4	9	6	$1\frac{1}{2}$
37 "	1953	4	$11\frac{1}{4}$	6	$11\frac{1}{2}$
37 "	1952	5	$1\frac{1}{4}$	7	4
44 "	1951	5	$4\frac{1}{2}$	8	7
31 "	1950	5	$5\frac{3}{4}$	8	$9\frac{1}{2}$

TABLE V

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers -					
(a)	At Periodic Inspections	..	..	..	..	13,134
(b)	As Specials	..	..	..	..	322
				Total	..	<u>13,456</u>
(2)	Number offered treatment	..	..	..	..	5,796
(3)	Number actually treated	..	..	..	..	2,198
(4)	Attendances made by pupils for treatment			..	..	6,241
(5)	Half-days devoted to: Periodic Inspection			..	..	150
	Treatment	..	..	..	..	<u>1,064</u>
				Total	..	<u>1,214</u>
(6)	Fillings - Permanent Teeth	..	..	..	..	3,450
	Temporary Teeth	..	..	..	..	<u>1,884</u>
				Total	..	<u>5,334</u>
(7)	Number of Teeth filled - Permanent Teeth			..	..	3,149
	Temporary Teeth			..	..	<u>1,595</u>
				Total	..	<u>4,744</u>
(8)	Extractions - Permanent Teeth	..	..	..	..	235
	Temporary Teeth	..	..	..	..	<u>1,518</u>
				Total	..	<u>1,753</u>
(9)	Administration of general anaesthetics for extraction			..	..	239
(10)	Orthodontics: (a) Cases commenced during the year			..	..	13
	(b) Cases brought forward from previous year				..	23
	(c) Cases completed during the year			..	..	9
	(d) Cases discontinued during the year			..	..	5
	(e) Removable appliances fitted	..	..	..	..	15
	(f) Fixed appliances fitted	..	..	..	..	-
(11)	Number of pupils supplied with artificial dentures..			..	..	12

